

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM (Type or Print Clearly)

PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
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KAMIKAWA, RAY K.			528-8200		
MAILING ADDRESS (Street)			FAX		
,			FAX		
745 FORT STREET, 9 TH FLOOR			536-5869		
(City)	(State)	(Zip	(Zip Code)		
			,		
HONOLULU, HAWAII 96813					
EMPLOYING ORGANIZATION (Fill in only in	f you are employed by a business	s entity which has been retained to lobby)	TELEPHONE		
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CHUN, KERR, DODD, BEAMAN & WON	40		528-8200		
MAILING ADDRESS (Street)	10				
MAILING ADDITEGO (Gliebt)			FAX		
			536-5869		
745 FORT STREET, 9 TH FLOOR			530-5609		
(City)	(State) (Zip Code)				
HONOLULU, HAWAII 96813					
PART II ORGANIZATION					
			TELEPHONE		
SERVCO PACIFIC INC.					
MAILING ADDRESS (Street)			FAX		
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OOO FORT OTREET MALE CHITE COO			523-3937		
900 FORT STREET MALL, SUITE 600 (City)	(State)	(7in			
(Oity)	(State)	(Łiþ	Code)		
HONOLULU, HAWAII 96813					
NAME OF PERSON RESPONSIBLE FOR PE	REPARING ORGANIZATION'S	EXPENDITURES STATEMENT	TELEPHONE		
Pomiomin Nalesales					
Benjamin Nakaoka			521-6511		
MAILING ADDRESS (Street)			FAX		
900 FORT STREET MALL, SUITE 600			523-3937		
(City)	(State)	(Zip	(Zip Code)		

PAR	TIII DESCRIPTION (OF SUBJECTS LIPON WHIC	U VOU EVDECT TO I	ODDV			
[] []	Agriculture Communications & Public Utilities Consumer Protection	[] Education [X] Government Operations & Finance [] Hawaiian Affairs	[] Human Services [] Intergovernmental International Affairs	[]	Science, Technology & Economic Development Tourism & Recreation		
[]	& Commerce Culture, Arts, Historic Preservation Ecology, Energy Environmental Protection	[] Health	[] Labor & Employme [] Planning, Land & V Use Management [] Public Safety & Co	Vater []	Transportation Other: (indicate below)		
PART IV CERTIFICATION OF LOBBYIST							
I hereby certify that the information furnished above is, to the best of my knowledge (Signature of Lobbyist)					e, correct and complete. $\eta \gamma i o \beta$ (Date)		
PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Patrick Ching							
NAME OF ORGANIZATION (if applicable)				TELEPHO	relephone		
SERVCO PACIFIC INC. MAILING ADDRESS (Street)				564-2	564-2377 FAX		
900 FORT STREET MALL, SUITE 600					23-3937 or 564-2828		
(City) (State)				(Zip Code)			
	LULU, HAWAII 96813						
ı	I hereby authorize the a	above - named person to eng			•		
(Signature of Authorizing Officer or Person Represented)				(Date)			